



APPLICATION FOR REINSTATEMENT OF COSMETOLOGY OR BARBER INDIVIDUAL PROFESSIONAL LICENSE

237 Coliseum Drive • Macon, Georgia 31217
Phone (404) 424-9966

Licensees are required to be familiar with Georgia law and Board rules governing the practice of Cosmetology/Hair Design/Nail Technology/Esthetics
Visit the Board website for a tutorial video: https://sos.ga.gov/index.php/licensing/plb/16/application_tutorials

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from old applications to new applications.

APPLICATION CHECKLIST

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application. We recommend you keep a copy of your application for your records.

- ☐ **NON-REFUNDABLE APPLICATION FEE: \$200.00** The payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C. G.A. § 16-9-20.
- ☐ **NOTARIZED APPLICATION:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**. Sign the application in the presence of a notary.
- ☐ **PROOF OF CONTINUING EDUCATION:** (See requirements on page 3 of application).
- ☐ **SECURE AND VERIFIABLE DOCUMENT (SVD) –** Enclosed is a copy such as my Driver's License, Passport, or other document **OR a copy of my current immigration document(s)** which includes either my Alien number or I-94 number and SEVIS number if needed. **Secure and Verifiable Documents under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:**
The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>
- ☐ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – – DO NOT STAPLE pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) with tracking. Keep a copy of your application for your records.**
- ☐ **PROCESSING TIME –** Please allow at least 15 business days (does not include weekends or holidays) for processing of applications. If a deficiency letter is received, please allow 15 business days for processing after submission of your deficient items.

**Your application will not be processed until this information is received and reviewed by the Board.
DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION**



GEORGIA STATE BOARD *of*
COSMETOLOGY AND BARBERS
237 Coliseum Drive • Macon, GA 31217
Phone (404) 424-9966
www.sos.ga.gov/plb/cosmetology

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

**APPLICATION FOR REINSTATEMENT OF
COSMETOLOGY OR BARBER INDIVIDUAL PROFESSIONAL LICENSE
\$200 Application Fee (non-refundable)**

- ☐ HAIR DESIGNER ☐ ESTHETICIAN ☐ MASTER BARBER
☐ MASTER COSMETOLOGIST ☐ NAIL TECHNICIAN ☐ BARBER II

LICENSE NUMBER: _____

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):

1. Legal Name to
appear on License:

LAST FIRST MIDDLE

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST FIRST MIDDLE MAIDEN

3. Social Security # ¹:

____ - ____ - ____

Date of Birth:

MM - DD - YYYY

¹ This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

4. Gender: ☐ Male ☐ Female

5. Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

6. Mailing ²
Address:

(P.O. BOX ACCEPTABLE)

² O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

CITY

STATE

ZIP

7. Daytime Phone #

____ - ____ - ____

Evening Phone #

____ - ____ - ____

8. E-mail Address ³: (Please print clearly)

³ Acknowledgement of your application will be sent to your email. If further information is needed, Board staff will contact you by email so that your application can be processed in the most efficient manner. Your email will not be shared with third parties.

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

PREVIOUS DISCIPLINARY AND CRIMINAL ARREST INFORMATION

Applicants Must Answer ALL 5 Questions Below:

Print Name of Applicant: _____

This application will be returned if you do not answer the questions on this page.




9. **Since the date you last renewed, or the date your license was issued if you have never renewed, have you been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding or verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.****

☐ No ☐ Yes 

If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

- (a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in w h i c h you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole.

10. **Since the date you last renewed, or the date your license was issued if you have never renewed, has any other licensing board or agency in Georgia or any other state:**

☐ No ☐ Yes 
☐ No ☐ Yes 
☐ No ☐ Yes 
☐ No ☐ Yes 

- (a) Denied your application for licensure, renewal, or reinstatement?
- (b) Revoked, suspended, restricted, sanctioned, or probated your license?
- (c) Requested or accepted surrender of your license?
- (d) Reprimanded, fined, or disciplined you?

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

Name of State Board or Agency

CONTINUING EDUCATION REQUIREMENT FOR COSMETOLOGY OR BARBER REINSTATEMENT

Print Name of Applicant: _____

11. I am enclosing copies of attendance/completion of the required number of Continuing Education (CE) hours since my last renewal as specified in the Board Rule 240-3-.01.

☐ Yes ☐ No



You can find the list of Board Approved Continuing Education Providers under “Education and Exams” at the top of the page on the Board’s website at: www.sos.ga.gov/plb/cosmetology

You must include a copy of your certificate of attendance/completion from the CE provider for each continuing education course submitted for credit. **Five (5) hours of continuing education is required for each renewal period that the license was not active** (e.g. a license that lapsed on 3/31/10 would require 25 hours – 5 hours for 2010, 5 hours for 2012, 5 hours for 2014, 5 hours for 2016 and 5 hours for 2018).

Master Barber and Barber II licensees were required to meet the requirements of continuing education as of January 1, 2018. Any Master Barber or Barber II reinstatement applicant with an expiration date of December 31, 2018 or earlier will be required to submit 5 hours of Board approved continuing education with their reinstatement application. For every renewal cycle lapsed after 12/31/18 you would add an additional 5 hours CE to your total required.

The required hours of the continuing education are:

1. **Three (3) hours of the total five (5) hours must be satisfied by a course in health and safety developed or approved by the Board.** A health and safety course or program that meets or exceeds the three (3) hours that has been developed and offered through a college, university department, or division of continuing education of the Department of Education, the Technical College System of Georgia, the Board of Regents, or The American Red Cross may be accepted by the Board without prior approval.
2. **Two (2) hours of the total five (5) hours must be in a course previously registered with the Board** in any of the following areas: industry or trade show, health and safety, industry trends, computer skills, business management, or the licensee’s area of practice.

In order to reinstate a license after expiration, the applicant shall pay all fees required by the law or rules, including the reinstatement fee, and shall submit documentation of completion of all CE hours required since the date of expiration. A license shall be issued upon completion of all requirements of the rules and O.C.G.A. §§ 43-10-9 and 43-10-10.

REINSTATEMENTS ARE NOT ELIGIBLE FOR A WAIVER OF CONTINUING EDUCATION. Georgia Law O.C.G.A. 43-10-10 requires documentation shall be submitted of completion of all required continuing education hours since the date the registration was automatically revoked.

THE GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS CANNOT WAIVE A REQUIREMENT OF LAW.

NOTARIZED SIGNATURE BY COSMETOLOGY OR BARBER REINSTATEMENT APPLICANT

APPLICANT AFFIDAVIT



12. APPLICANT AFFIDAVIT

License Type (check only one license type per application):

☐ HAIR DESIGNER

☐ ESTHETICIAN

☐ MASTER BARBER

☐ MASTER COSMETOLOGIST

☐ NAIL TECHNICIAN

☐ BARBER II

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and Barbers and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark 1 or 2 below):

- 1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document.
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. When submitting a "green card," please provide a copy of the front and back of the card.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-1(e)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL